

PRINTER RUSH

(PTO ASSISTANCE)

Application : 10/032,502

Examiner : CAD

GAU : 2821

From : MR

Location : IDC FMF FDC

Date : 02-13-06

Tracking # : EPM10032502

Week Date : 12-12-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input checked="" type="checkbox"/> OATH	<u>01-02-02</u>	
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Inventor's address is not listed on the
app. Please resolve.

Thank you,
MR

[XRUSH] RESPONSE: _____

See misc comm

INITIALS: MR

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

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Fax

To:	Rori Burch	From:	Matthew Stavish
Fax:	703-308-6642	Pages:	3
Phone:		Date:	2/27/2006
Re:	Inventor's address for U.S. Patent Application No. 10/032,502	CC:	
Our Ref:		Your Ref:	8235,006
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

Dear Mr. Burch:

In response to the attached Notice To File Corrected Application Papers for the above-identified patent application please note that the inventor's address is as follows:

Mohammand Salim Shaikh

7322 Radcliffe Drive

College Park, MD 20740

Please contact us if you require anything further.

Regards,


Matthew Stavish

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/032,502	01/02/2002	Mohammad Salim Shaikh	08235.006	7974

7590 02/22/2006

LINIAK BERENATO LONGACRE & WHITE
6550 ROCK SPRING DRIVE
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EXAMINER

CAO HUEDUNG X

ART UNIT PAPER NUMBER

2821

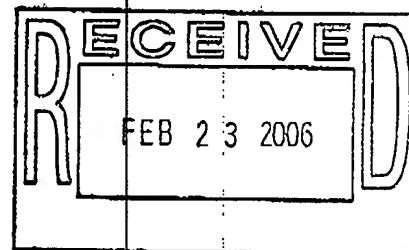
DATE MAILED: 02/22/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

DOCKETED

FEB 24 2006

Beronato, White & Stavish



**UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Serial Number
10032502

Date Mailed
2/22/06

NOTICE TO FILE CORRECTED APPLICATION PAPERS**Notice of Allowance Mailed**


This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 30 days from the mail date of this Notice within which to correct the informalities indicated below. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136 (a) or (b).

- ♦ Inventor's address is missing from the oath/declaration/ADS. Fax missing information to number below or e-mail PDF.
- o For status updates visit <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR System, contact the Electronic Business Center (EBC) toll free at 866-217-9197.

APPLICANT MUST SUPPLY MISSING INFORMATION WITHIN 30 DAYS OF THE MAIL DATE OF THIS NOTICE.

A copy of this notice MUST be returned with the reply. Please address response to Commissioner for Patents P.O. Box 1450
Alexandria, VA 22313-1450


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Bib Data Sheet

CONFIRMATION NO. 7974

SERIAL NUMBER 10/032,502	FILING OR 371(c) DATE 01/02/2002 RULE	CLASS 345	GROUP ART UNIT 2821	ATTORNEY DOCKET NO. 08235.006
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APPLICANTS

Mohammad Salim Shaikh, College Park, MD;

** CONTINUING DATA *****

This application is a CON of 09/074,373 05/08/1998 PAT 6,335,732

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
 01/18/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

LINIAK BERENATO LONGACRE & WHITE
 6550 ROCK SPRING DRIVE
 SUITE 240
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TITLE

EXTERNAL RECOGNITION AND RENDERING METHOD

FILING FEE RECEIVED 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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